PTO/SB/22 (07-09)
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|---|---|--------------------------------|-------------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | | |
| FY 2009 | | 313632002300 | | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | |
| Application Number 10/586,226 | | Filed (Int'l) January 14, 2005 | | |
| For BIODEGRADABLE MULTI-BLOCK CO-POLYMERS | | | | |
| Art Unit 1762 | | Examiner | R. S. Jones | |
| This is a request under the provisions of 37 CFR 1,136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| <u>F</u> e | 96 | Small Entity Fee | | |
| One month (37 CFR 1.17(a)(1)) \$ | 130 | \$65 | \$ | |
| X Two months (37 CFR 1.17(a)(2)) \$ | 490 | \$245 | \$ 490.00 | |
| Three months (37 CFR 1.17(a)(3)) \$1 | 110 | \$555 | \$ | |
| Four months (37 CFR 1.17(a)(4)) \$1 | 730 | \$865 | \$ | |
| Five months (37 CFR 1.17(a)(5)) \$2 | 350 | \$1175 | \$ | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | | | | |
| Deposit Account Number03-1952 . | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| I am the applicant/inventor. | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| attorney or agent of record. Registration Number29,959 | | | | |
| attorney or agent under 37 CFR 1.34. | | | | |
| Registration number if acting under 37 CFR 1.34 | | | | |
| /Kate H. Murashige/ | | April 12, 2011 | | |
| Signature | | Date | | |
| Kate H. Murashige | | (858) 720-5112 | | |
| Typed or printed name | | Telephone Number | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| X Total of forms are submitted. | | | | |